

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043167

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

156  
FILED DEC 4 1962

Primary Registration District No.

2001

Registrar's No.

600

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN JoplinLength of stay in lb.  
10 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Johns HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Joplin

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
3013 Pennsylvania AveReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
FRANK E. MACKEY

4. DATE OF DEATH November 25, 1962

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
10-22-18979. AGE (last birthday)  
65IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Sales Representative10b. KIND OF BUSINESS OR INDUSTRY  
M & O Paper Co.11. BIRTHPLACE (City and state or country)  
Hibbing, Minnesota12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Charles Mackey

## 13b. MOTHER'S MAIDEN NAME

Mary Turja

## 14. NAME OF HUSBAND OR WIFE

Vera Mackey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mrs. Vera Mackey, 3013 Penn, Joplin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH  
24 hrsConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Atherosclerosis

30 hrs

## DUE TO (c)

Rheumatic disease

6 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal  
disease condition given in PART I (a))

Partial heart failure

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 11 to Nov 25 and last saw him alive on Nov 25, 1962  
Death occurred at 8:55 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

11-28-1962

Ozark Memorial Park Cem.

Joplin, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Thornhill Pillon Mortuary, Joplin, Mo.

11-30-1962

Dora Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 0499

2 0499

3

4 0

5 1

6

7 1

8 0

9 5.410

10

11

12 3-0

13 2-0

DEC 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by DAVID DILLON, JR, Student Embalmer No. 1679

working under my personal supervision.

Student

Klaud Dillon, Jr.  
Signature of Student Embalmer

Signed

David Dillon

Licensed Embalmer No. 3898

P. O. Address

Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.